

EMERGENCY MEDICAL TECHNICIAN COURSE COMPLETION ROSTER

INSTRUCTIONS:

- 1. Program Director's signature must be <u>original</u>, no stamps or photocopies.
- 2. Only typed rosters with names in alphabetical order will be accepted.
- 3. Submit one <u>original</u> roster for each course completed within 15 days to the Office of Certification:

4. Roster addendums shall be clearly identified as such.

Los Angeles County EMS Agency Office of Certification 10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670

Initial Number of

rraining Program	: Los Angeles Cou	inty EMS Agency - Sample	NREMI Code: 19-0092 Registered Students: 75					
Date of Course Completion:	12/09/2012		ourse nber:	301 Type of Course:	Basic	c	Challe ies only)	enge
Program Director:	:	Driet Manage		Construe	Cours	e Included: 2011 AED	LA Co Scope Training	∑ Yes
		Print Name		Signature	_			
NAME (Alphabetical)				_	CERTIFYING AUTHORITIES ONLY			
	Last	First	MI	SS#	Cert. Issued	Certification Number	Issue Date	Expiration Date
1. Sample		David	S	123-45-6789	\boxtimes	E521789321	12/26/12	3/31/14
2. Sample		David	V	987-65-4321	\boxtimes	E123987125	12/26/12	12/31/14
3. Sample		David	Z	511-11-1234				
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Revised: 3/13